

[Five Observations]

Observation one:

Two **Public** Entrances, One **Employee** Entrance & Quite opposite images of north-western (concrete) and south-eastern (green and colorful) entrances



The employee entrance was card accessible.



Observation two:

Public Entrances without the lobby or place to seat vs.
Employee Entrance with the large lobby?!

Public Entrances



Employ Entrances



Observation three: Inconsistency and randomness in materials and decorations

Various kinds of colors and materials used around the space

All different size and color scheme of pictures



Pictures in the floor



Observation Four:
Not enough work surface and information surface

Image board up on the ceiling!

Narrow work surface covered by many things!



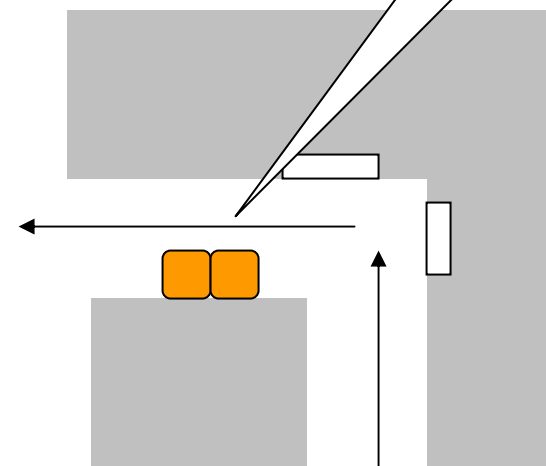
Observation Five:

Not enough work surface at the ER

(Two caregivers were seating side by side at the chairs and documenting something on the lap!)



Two chairs
In the
corridor at
the ER



I couldn't take a picture (the photo was prohibited) but it looks like pretty much like this... except they were seating at the chairs instead of the bed!

Observation Six:

Families with a sick kid: Where should I go?!

(One main lobby with the Information desk is needed for three different entrances.)



Right after the visitors/ emergency ambulance entrance, there are two doors. Which one would you enter? On the left ? NO! The door is authorized persons only!!

Once you pass the front door, you can see the information desk on your right side!



Observation Seven: Space Shortage!

- Only two triages were operating for all patients which are equivalent about 50,000 per year!!!
- The emergency department was quite small.



[Five Ideas]

The idea one:

Design more welcoming environment for patient, families and consider their needs in design process

The idea two:

Consider the consistency in materials and decorations in the interior design

The idea three:

Provide enough work surfaces and information surface for staff

The idea four:

Provide one central space for all different entrances and circulations for better wayfinding!

The idea five:

Consider patients' and families' experiences with spaces, especially with the gloomy underground pass to the Grady Hospital and find the way to make it better

[Three conversations]

The conversation one:

Major design features in the new facility design are:

- **Crowding control**
- **Staff efficiency**
- **Appropriate patient care in specific care**
- **Adaptability (flexibility)**

The conversation two:

- **Co-locating ER, walk-in clinic, and primary care clinic at the same place in the new design can give some flexibility in sharing spaces.**
- **T shape in-patient unit is easy to shut down the part of unit if there aren't many patients**
- **Leave out some space in the third floor for the sickle cell disease care for adaptability (?)**

The conversation three:

- **The majority of patients in the ER are actually primary care patients. The percentage of the repeat users out of the all patients are about one third (4000 out of 12000 patients per year)**